

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

185  
State File No. 647  
Registered No. 647

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village P.O. Box 117 - Miami, Ariz.  
City Miami No. 1141 Sullivan St St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Estelle Bustos { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 5. Legitimate? yes 6. Date of birth Nov. 27 - 1930  
Month Day Year

**8. FATHER**  
Full name Musio Bustos  
9. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona  
10. Color or race Mex.  
11. Age at last birthday 30 (Years)  
12. Birthplace (city or place) Chihuahua  
(State or country) Mex.  
13. Occupation  
Nature of industry Miner

**14. MOTHER**  
Full maiden name Dolores Madril  
15. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona  
16. Color or race Mex.  
17. Age at last birthday 27 (Years)  
18. Birthplace (city or place) Santa Rita  
(State or country) New Mex.  
19. Occupation  
Nature of industry Housewife

20. Number of children of this mother 4 (Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 4  
(b) Born alive but now dead 0  
(c) Stillborn 0  
21. Were precautions taken against ophthalmia neonatorum? yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive at 2:40 a.m. on the date above stated.  
(Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature Leyril M. Brown M.D. (Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona  
Month, day, year \_\_\_\_\_ Filed Dec 12, 1930 J. E. Dorn  
Registrar Registrar

522-1127-443